

## Air Ambulance Committee Recommendations, 2017

### Statutory Requirement

SB95, *Air Ambulance Amendments* (Sen. W. Harper) from the 2017 General Session requires the following:

#### **26-8a-107.**

- (6) The Air Ambulance Committee shall, before November 30, 2017, provide recommendations to the Health and Human Services Interim Committee regarding the development of state standards and requirements related to:
- (a) air medical transport provider licensure and accreditation;
  - (b) air medical transport medical personnel qualifications and training; and
  - (c) other standards and requirements to ensure patients receive appropriate and high-quality medical attention and care by air medical transport providers operating in the state of Utah.

The Air Ambulance Committee held six meetings from July 20, 2017 through November 9, 2017, to create the attached draft air ambulance rules. The rules are based on the National Association of State Emergency Medical Services Officials (NASEMSO) State Model Rules for the Regulation of Air Medical Services, but are adapted to meet the needs of the people of Utah. The NASEMSO Model Rules have been previously reviewed by the U.S. Department of Transportation's Office of the Secretary, the Federal Aviation Administration, and the National Highway Safety Traffic Administration.

Amendments to the NASEMSO Model Rules were made by the Committee in consultation with the Utah Department of Health (Department) and State Attorney General's Counsel to simplify and standardize the rule language, to conform with current state statute, and to avoid any issues of Federal preemption covered under the Airline Deregulation Act of 1978 (ADA).

The Committee recommends that the Department adopt the attached rules. The Committee also recommends that on-going Air Ambulance meetings continue in order to develop criteria for accreditation vendors, as well as a detailed minimum drug and equipment list for air ambulance providers.

**R426. Health, Family Health and Preparedness, Emergency Medical Services.**

**R426-10. Air Ambulance Licensure and Operations.**

**R426-10-100. Authority and Purpose.**

(1) This Rule is established under Chapter 8, Title 26a, Chapter 8a. It establishes standards for the licensure of an air ambulance service.

(2) The purpose of this rule is to set forth air ambulance policies, rules, and standards adopted by the Utah Emergency Medical Services Committee, which promotes and protects the health and safety of the people of this state.

(3) The definitions in Title 26, Chapter 8a are adopted and incorporated by reference into this rule.

**R426-10-200. Air Ambulance Service Applications and Licensure.**

(1) No person either as owner, agent or otherwise, shall furnish, operate, conduct, maintain, advertise or otherwise be engaged in the provision of emergency medical care using and air ambulance unless currently licensed by the State of Utah Department of Health. The State retains the right to conduct air ambulance service investigations per state law.

(2) The following shall be complied with to obtain a State of Utah air ambulance license:

(a) A person from another state shall not provide emergency medical services aboard an air ambulance within the state unless that person complies with the requirements under this chapter. This requirement applies to any person that provides patient care within the State of Utah.

(b) Applicants desiring to be licensed or to renew its license for an air ambulance service shall submit the applicable fees and application on the Department approved forms prior to being issued a license to operate.

(c) Applicants shall submit a copy of air ambulance service license(s) concurrently issued and on file with other states.

(d) Applicants shall provide information about individual aircraft that will be used while providing medical care licensed under the Chapter to the Department for physical inspection of medical compliance.

(e) Applicants who seek licensure under this Chapter shall provide the Department with results from the prior ten (10) years of any investigations, disciplinary actions, or exclusions with the potential to impact the quality of medical care provided to patients as requested by the state. Such investigations, disciplinary actions, or exclusions that shall be reported apply to all current and prior legal names of the entity and all other name used by the entity to provide health care services and any person or entity who had direct or indirect ownership of at least fifty (50) percent interest in the air ambulance service within

the prior 10 year period.

(f) Applicant shall identify an air ambulance service medical director responsible for medical direction and oversight regarding credentialing air medical providers, clinical practice, and all patient care issues. Personnel changes in medical director shall be reported to the Department within thirty (30) days.

(g) Applicants shall submit all required fees, when applicable.

(h) When the name or ownership of the air ambulance service changes, an air ambulance service license application shall be submitted to the Department at least thirty (30) days prior to the effective date of the change.

(i) Air ambulance services shall provide, during initial or renewal or a license, emergency information about the service to the Department. This information shall be used by the Department to provide effective communications and resource management, the event of a statewide disaster or emergency situation. The information is included in the initial and renewal application for the licensure of air ambulance services.

(j) Air ambulance vehicle permits and service licenses are not transferrable.

(k) Duplicate air ambulance vehicle permits or service licenses can be obtained by submitting a written request to the Department. The request shall include a letter signed by the license holder certifying that the original permit or license was lost, destroyed, or rendered unusable.

(l) Each license holder shall obtain a new air ambulance inspection and subsequent vehicle permits from the Department prior to returning an air ambulance to service following a modification, change or any renovation that results in a change to the stretcher placement or seating in the air ambulance interior configuration to ensure that the aircraft meets patient care requirements.

(m) The license holder of an air ambulance service shall file an amended list of aircraft that are used to provide the service with the state with the Department within thirty (30) days after an air ambulance is added or removed permanently from the service.

(n) The license period for all air ambulance services shall be for four (4) years or as determined by the Department.

(o) Licensure under this Chapter authorizes the license holder only to provide emergency medical care using an air ambulance as described in this Chapter, and does not constitute to provide air transportation. Such authority shall be obtained from the Federal Aviation Administration and the United States Department of Transportation.

(p) The following regulations shall not relieve the air ambulance operator from compliance with other statutes, rules, or regulations in effect for medical personnel and emergency medical

services, involving licensing and authorizations, insurance, prescribed and proscribed acts and penalties.

**R426-10-300. Exceptions to Air Ambulance Service Application and Licensure.**

(1) This rule does not apply to the following:

(a) An air ambulance or air ambulance service operated by an agency of the United States Government.

(b) Services that provide rescue and evacuation equipment and aircraft owned and operated by a governmental entity whose primary role is not to transport patients by air ambulance, and who is not receiving payment for such services.

(c) Evacuation and rescue equipment used and owned by the Utah Department of Public Safety in air, ground, or water evacuation.

**R426-10-400. Air Ambulance Service Deemed Status.**

(1) The Department may grant deemed status to an air ambulance provider that has received accreditation from a Department recognized accreditation service. An air ambulance provider who is accredited by a Department recognized accreditation service and has deemed status may receive a license without required Department compliance inspections.

(2) To be recognized by the Department as an approved accreditation service for the purposed of this section, the accrediting service shall meet the following minimum standards:

(a) Publish standards that are equivalent to or exceed the standards in this chapter.

(b) Publish standards which address every component of a medical transport service that could potentially impact the quality of care and patient safety with respect to communications centers, pilots, drivers, maintenance, patient care providers, and administrative support.

(c) Provide evidence of timely reviews of applications from providers seeking accreditation.

(d) Procedures for random site visits, audits, and other strategies utilized to ensure an accredited provider or a provider seeking accreditation is adhering to the accreditation standards.

(e) Publish policies for the following:

(i) Initial accreditation requirements.

(ii) The tenure of accreditation, not to exceed three (3) years;

(iii) The requirements for re-accreditation.

(iv) The accreditation decision making process.

(f) Uses trained accreditation personnel with experience in the medical transport at the level of accreditation and license for the level of accreditation being sought.

(g) A formal training program that educates accreditation

auditors in consistent interpretation of standards and policies of the accreditations service.

(h) Publish the required qualifications for accreditation personnel who conduct site surveys. Such qualifications shall demonstrate an extensive depth of experience with and knowledge of the air ambulance industry.

(i) Policies and standards that recognize the special circumstances of medical transport services that serve rural areas.

(j) Demonstrate that accreditation standards are updated on a regular basis to stay current with changes in healthcare and air medical transportation.

(k) Provide definition of all sentinel events including near misses. The accrediting service shall outline the processes for notifying the Department of such events and the process for investigating and instituting corrective measures for such events.

(l) Provide information about the Board of Directors. Members of the Board of Directors shall have experience in the air medical transport industry. The Board of Directors shall include broad representation by members of relevant national organizations that are engaged in the development, training, and oversight of critical care and air medical patient transportation.

(m) Clearly outline the Conflict of Interest Policy that excludes Board members or other accreditation service personnel from participating in accreditation decisions, site surveys, or other processes when a real or potential conflict of interest exists.

(n) Publish fees for air ambulance service providers seeking accreditation.

(o) Provide documentation of the process that allows and encourages input, suggestions, and review by outside individuals and agencies related to its standards, policies, and procedures.

(p) Explain the procedure for a corrective action plan when an audit uncovers areas that are out of compliance.

(q) Demonstrate a continuous quality improvement process that reviews the application process, site surveys, accreditation decisions, and accreditation standards. The process shall include measures to achieve improvement, fairness, and transparency.

(r) Maintain insurance including general liability, medical professional liability, directors & officers and travel, and be able to present their current certificate of insurance to the Department.

(s) Comply with all applicable Health Insurance Portability and Accountability Act (HIPAA) regulations, including any necessary requirements of a Business Associate entity.

(t) Allow a Department representative to be present during site surveys, investigations, and any other on-site visits performed in Utah.

(u) Provide simultaneous notifications to the Department of an air ambulance provider's accreditation status, and sentinel event reports.

(v) List the accrediting service's involvement in research to improve the air medical transportation industry.

(3) A current list of recognized accreditation services will be listed of the Department's website.

**R426-10-500. Air Ambulance Service Compliance with Department Licensure Requirements.**

(1) Deemed status recognition is intended to streamline the licensure process for air ambulance services by preventing duplicative documentation. The Department reserves the right to verify and inspect all equipment and documentation at any time to ensure that the air ambulance service maintains full compliance with requirements related to the air ambulance service licensure.

**R426-10-600. Air Ambulance Service Change of Ownership or Management.**

(1) When a currently licensed air ambulance service anticipates a change of ownership, the current license holder shall notify the Department within thirty (30) calendar days.

(2) In general, the conversation of an air ambulance service's legal structure, or the legal structure of and entity that has a direct or indirect ownership interest in the air ambulance service is not a change of ownership unless the conversation also includes a transfer of at least fifty (50) percent of the license air ambulance service's direct or indirect ownership interest to one or more new owner's. Specific instance of what does or does not constitute a change of ownership are set for below in a section (3).

(3) The Department shall consider the following criteria in determining whether there is a change of ownership of an air ambulance service that requires a new license:

(a) Sole proprietors:

(i) The transfer of at least fifty (50) percent of an ownership interest in an air ambulance service from a sole proprietor to another individual, whether or not the transaction affects the title to real property, shall be considered a change of ownership.

(ii) Change of ownership does not include forming a corporation from the sole proprietorship with the proprietor as the sole shareholder.

(b) Partnerships:

(i) Dissolution of the partnership and conversion into any other legal structure shall be considered a change of ownership if the conversion also includes a transfer of at least fifty (50) percent of the direct or indirect ownership to one or more new

owners.

(ii) Change of ownership does not include dissolution of the partnership to form a corporation with the same persons retaining the same shares of ownership in the new corporation.

(c) Corporations:

(i) Consolidation of two or more corporations resulting in the creation of a new corporate entity shall be considered a change of ownership if the consolidation includes a transfer of at least fifty (50) percent of the direct or indirect ownership to one or more new owners.

(ii) Formation of a corporation from a partnership, a sole proprietorship or a limited liability company shall be considered a change of ownership if the change includes a transfer of at least fifty (50) percent of the direct or indirect ownership to one or more new owners.

(iii) The transfer, purchase, or sale of shares in the corporation such that at least fifty (50) percent of the direct or indirect ownership of the corporation is shifted to one or more new owners shall be considered a change of ownership.

(d) Limited liability companies:

(i) The transfer of at least fifty (50) percent of the direct or indirect ownership interest in the company shall be considered a change of ownership.

(ii) The termination or dissolution of the company and the conversion thereof into any other entity shall be considered a change of ownership if the conversion also includes a transfer of at least fifty (50) percent of the direct or indirect ownership to one or more new owners.

(iii) Change of ownership does not include transfers of ownership interest between existing members if the transaction does not involve the acquisition of ownership interest by a new member. For the purposes of this subsection, "member" means a person or entity with an ownership interest in the limited liability company.

(4) Management contracts, leases or other operations arrangements:

(a) If the owner of an air ambulance service enters into a lease arrangement or management agreement whereby the owner retains no authority or responsibility for the operation and management of the air ambulance service, the action shall be considered a change of ownership that requires a new license.

(5) Each applicant for a change of ownership shall provide the following information:

(a) The legal name of the entity and all other names used by it to provide health care services. The applicant has a continuing duty to notify the Department of all name changes at least thirty (30) calendar days prior to the effective date of the change.

(b) Contact information for the entity including mailing address, telephone and facsimile numbers, email addresses, and website address, if applicable.

(c) The identity of all persons and business entities with a controlling interest in the air ambulance service, including administrators, directors, managers and management contractors.

(i) A non-profit corporation shall list the governing body and officers.

(ii) A for-profit corporation shall list the names of the officers and stakeholders who directly or indirectly own or control five percent or more of the shares of the corporation.

(iii) A sole proprietor shall include proof of lawful presence in the United States in compliance with section 24-76.5-103(4), C.R.S.

(d) The name, address, and business telephone number of the individual who is designated by the applicant as the chief executive officer for the entity. If the addresses and telephone numbers provided above are the same as the contact information for the entity itself, the applicant shall also provide an alternate address and telephone number for at least one individual for use in the event of an emergency of closure of the air ambulance service.

(e) Proof of professional liability insurance obtained and held in the name of the license applicant. Such coverage shall be maintained for the duration for the license term and the Department shall be notified of any change in the amount, type, or provider of professional liability insurance coverage during the license term.

(f) Article of incorporation, articles of organization, partnership agreement, or other organizing documents required by the secretary of state to conduct business in Utah; and by-laws or equivalent documents that govern the rights, duties, and capital contributions for the business entity.

(g) The address of the entity's physical location and the name(s) of the owner(s) of each structure on the campus where licensed services are provided if different from those identified as owners in the chapter.

(h) A copy of any management agreement pertaining to operation of the entity that sets forth the financial and administrative responsibilities of each party.

(i) If an applicant leases one or more building(s) to operate as a license air ambulance service, a copy of the lease shall be filed with the license application and show clearly in its context which party to the agreement is to be held responsible for the physical condition of the property.

(j) A statement signed and dated contemporaneously with the application stating whether, within the previous ten (10) years, and of the new owners have been the subject of, or a party to, one



of more of the following events, regardless of whether the action has been stayed in a judicial appeal or otherwise settled between the parties.

(i) Been convicted of a felony or misdemeanor under the laws of any state of the United States.

(ii) Had a state license or federal certification denied, revoked, or suspended by another jurisdiction.

(iii) Had a civil judgement or criminal conviction in a case brought by federal, state, or local authorities that resulted from the operation, management, or ownership of a health facility or other entity related to substandard patient care or health care fraud.

(iv) Certifies whether it is presently or has ever been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in a Contract by any governmental department or agency, whether international, national, state, or local, and certifies it is in compliance with Utah Code Ann. § 63G-6a-904 et seq. and OMB guidelines at 2 C.F.R. § 180 which implement Executive Order Nos. 12549 and 12689. Notification to the Department within thirty (30) days shall occur if debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any contract by any governmental entity during the tenure of the license.

(k) Any statement regarding the information requested in this chapter shall include the following:

(i) If the event is an action by federal, state or local authorities; the full name of the authority, its jurisdiction, the case name, and the docket, proceeding or case number by which the event is designated, and a copy of the consent decree, order or decision.

(ii) If the event is a felony or misdemeanor conviction involving moral turpitude, the court, its jurisdiction, the case name, the case number, a description of the matter or a copy of the indictment or charges, and any plea or verdict entered by the court.

(iii) If the event involves a civil action or arbitration proceeding, the court or arbiter, the jurisdiction, the case name, the case number, a description of the matter or a copy of the complaint, and a copy of the verdict, the court or arbitration decision.

(6) The existing licensee shall be responsible for correcting all rule violations and deficiencies in any current plan of correction before the change of ownership becomes effective. In the event that such corrections cannot be accomplished in the time frame specified, the prospective licensee shall be responsible for all uncorrected rule violations and deficiencies including any current plan of correction submitted by the previous licensee

unless the prospective licensee submits a revised plan of correction, approved by the Department, before the change of ownership becomes effective.

(7) If the Department issues a license to the new owner, the previous owner shall return its license to the Department within five (5) calendar days of the new owner's receipt of its license.

**R426-10-700. Air Ambulance Insurance Requirements.**

(1) Applicants for licensure shall demonstrate liability coverage for injuries to persons and for loss or property damages resulting from negligence by the service or medical crew. A license holder shall immediately notify the Department and ease operation if the coverage required by this section is cancelled or suspended.

(2) The Department shall not issue an air ambulance license to an air ambulance service unless the applicant for a license or the license holder has evidence of medical professional liability insurance that requires the insurer to compensate for injuries to persons or unintentional damage to property.

(3) Applicants shall provide a copy of the current certificates of insurance demonstrating coverage for each air ambulance medical crew member that demonstrates, at a minimum, three million dollars (\$3,000,00) for all claims made against the provider during the policy year.

(4) Worker's compensation coverage is required as defined by the State of Utah regulating bodies.

**R426-10-800. Base Locations.**

(1) A base location is the physical address where the crew, medical equipment and supplies, and the air ambulance are located. This will be designated by where the license holder operates the air ambulance service and maintains or makes readily available records of operations. The Department may conduct announced and unannounced inspections at any location of a license air medical service at any time. Each base location shall have readily available at all times the following:

(a) Security measures in place that protects medical supplies and equipment onboard the air ambulance from tampering and unauthorized access, including pharmaceuticals. This would include direct visual monitoring or closed circuit television or the air ambulance shall be in a secured location with locked perimeter fencing or hangar.

(b) State license prominently displayed within the building.

(c) Evidence of medical professional liability insurance.

(d) Drug Enforcement Agency Registration shall be prominently displayed within buildings that store controlled substances.

(e) Current post-accident incident plan.

(f) The facility shall be clean and free of debris at all

times and shall be compliant with all state and local building and fire codes.

(g) Documentation showing the professional certifications and licenses of all flight crew members.

**R426-10-900. Number and Types of Air Ambulances.**

(1) Applicants shall provide a list of all air ambulances to be permitted and inspected for medical compliance by the Department, including tail number (N-number) and designation of rotor or fixed wing capabilities.

**R426-10-1000. Capabilities of Medical Communications.**

(1) An air ambulance service shall have a communications network available consisting of reliable equipment designed to afford clear communications related to the number and condition of patients among all licensed ambulance services within the system. The communications center shall demonstrate and maintain voice communications linkage with the radios and other allowable communication devices used in the air ambulance service area.

(2) Services shall have two-way communications equipment available that allows for or has the following:

(a) Real-time patient tracking that shall be maintained and documented every fifteen (15) minutes including the time the air ambulance returns to service following patient transport.

(b) Appropriate wireless communications capabilities with PSAP dispatch centers, local first responders, including fire, EMS, and law enforcement.

(c) Communications with medical referral and receiving facilities to exchange patient information and consult with medical control that shall be capable of communications exclusive of the air traffic control system.

(d) Dedicated telephone number for the air ambulance service dispatch center.

(e) The air ambulance service base station or communications network shall be manned during all phases of patient treatment and transport.

(f) An emergency plan for communications during power outages and in disaster situations shall be established.

(g) Policy for delineating methods for maintaining medical communications during power outages and in disaster situations.

**R426-10-1100. Coordination of Medical Communications.**

(1) All air ambulance services shall have flights coordinated by designated medical dispatch communications specialists. Communication specialists are required for processing requests, initiating responses, telecommunications, and assessing the capability for utilizing emergency medical dispatch protocols approved by the Department. Air ambulance communications

specialists shall have training commensurate with the scope of responsibility given them by the particular air ambulance service.

(2) The following requirements shall apply to all air ambulance communications centers:

(a) Establish and maintain policies and procedures based on state or nationally accepted EMS clinical guidelines to aid in directing the daily operation of the air ambulance communications center.

(b) Coordinate air ambulance deployment activities and communications with local PSAPs and appropriate medical facilities.

(c) Require its communications specialists to satisfy performance standards that are based on state or nationally accepted emergency medical dispatch standards and state or nationally accepted EMS clinical guidelines. At a minimum, the air ambulance communication center's performance standards shall measure a communication specialist's ability to:

(i) Deploy the appropriate medical resources within the prescribed timeframe established by the communications center's standard operation procedures.

(ii) Provide pertinent information to the appropriated PSAP and receive updated information about the incident from the responding units or medical facilities.

(d) Establish a quality assurance review process that is executed with consistency and objectivity in accordance with internal standards developed by the air medical service.

**R426-10-1200. Communications Specialists Personnel Qualifications.**

(1) Communication specialists shall have appropriate training pertaining to EMS and medical transportation communications related to the provision of health care and receive certification within one (1) year.

**R426-10-1300. Pre-arrival and Hand-off Communications to Receiving Personnel or Facilities.**

(1) All air medical services shall have a plan in place to transmit significant clinical data to receiving medical personnel and facilities prior to arrival.

(2) Air ambulances shall start the process for transferring responsibility for care in route to reduce the communication load on patient arrival to the facility as early as possible.

(3) Transfer of care documentation shall be part of the EMS record.

**R426-10-1400. Pre-arrival Communications.**

(1) The following information shall be transmitted to the hospital or patient receiving facility prior to arrival:

- (a) Patient information.
- (b) Chief complaint and brief history.
- (c) Condition of patient.
- (d) Treatment provided.
- (e) Estimated time of arrival.

**R426-10-1500. Hand-off Communications Between Air Medical and Receiving Personnel.**

(1) The air ambulance service shall provide a copy of the patient care report to the hospital or patient receiving facility no later than twenty-four (24) hours after the end of the patient transport.

(2) If a completed patient care report cannot be left at the hospital or patient receiving facility at the end of the patient transport, an abbreviated patient encounter form containing information essential to continued patient care shall be provided. The abbreviated patient encounter form shall include at least the following:

- (a) Patient information.
- (b) Chief complaint.
- (c) Allergies, if known.
- (d) Time and date of onset of symptoms.
- (e) Pertinent physical findings.
- (f) Patient medications, if known.
- (g) Vital signs.

(h) All patient medical treatment including medications administered IV fluids, procedures performed, and oxygen delivery.

(i) Transfer of care including the name of air medical crew member to the hospital or patient receiving facility legibly included in the documentation.

**R426-10-1600. Data collection, Submission, and Call Volume.**

(1) All air ambulance services shall have a system in place to collect, submit, monitor, and track all flight requests. This information shall be submitted to the Department, as required by Utah Code Annotated Title 26-8a-203.

(2) Each licensed air ambulance provider shall:

(a) Report the specified state minimum data set, as required by the Department for every request that results in the dispatch of an air ambulance, whether emergency pre-hospital, inter-facility transport, aborted flight, cancellation of requested service, death on-scene, or refusal of care as requested by the Department.

(b) Provide a yearly call volume report or status report documenting the number of flights made within that calendar year. This report shall contain the number of flights organized by emergency pre-hospital, inter-facility transports, aborted flights, cancellation of requested service, death on-scene, non-

transports, or refusal of care to assist efforts related to evaluating patient care and the improvement of the EMS system.

**R426-10-1700. Spare or Replacement of Air Ambulances.**

(1) the license holder shall notify the Department when it temporarily removes a permitted air ambulance from service or replaces it with a substitute air ambulance.

(2) Upon receipt of notification, the Department may issue a temporary permit for the operation of said air ambulance.

**R426-10-1800. Policies and Procedures for Air Ambulance Services.**

(1) A detailed manual of policies and procedures shall be available for reference in the flight coordination office and available for inspection by the Department to assist with EMS system planning and resource coordination.

(2) Personnel shall be familiar and comply with policies contained within the manual, which shall include the following:

(a) Procedures for acceptance of requests, referrals, and denial or service for medically related reasons.

(b) A written description of the geographical boundaries and features for the service area map.

(c) Scheduled hours of operation.

(d) Criteria for the medical conditions and indications or medical contraindications for flight.

(e) Medical communication procedures, including but not limited to medically related dispatch protocol, call verification, and advisories to the requesting party, that may also include procedures for informing requesting party of flight and landing procedures, anticipated time of patient arrival, or cancellation of flight.

(f) Criteria regarding acceptable destinations based upon medical needs of the patient.

(g) Non-aviation safety procedures for medical crew assignments and notification, including rosters of medical personnel.

(h) Written policy that ensures that air medical personnel shall not be assigned or assume cockpit duties concurrent with patient care duties and responsibilities.

(i) Written policy that directs air ambulance personnel to honor a patient request for a specific service or destination when the circumstances will not jeopardize patient safety.

(j) Medical communications procedures.

(k) Flight cancellation and referral procedures.

(l) Mutual aid procedures.

(m) A written plan that addresses the actions to be taken in the event of an emergency, diversion, or patient crisis during transport operations.

(n) Patient tracking procedures that shall assure air and

ground position reports at intervals not to exceed fifteen (15) minutes inflight, and forty-five(45) minutes while landed on the ground.

(o) Written procedures governing the air ambulance service's medical complaint resolution process and protocols. Ata a minimum, the air ambulance service shall designate personnel responsible for its dispute resolution process and provide the protocols it shall follow when investigation, tracking, documenting, reviewing, and resolving the complaint. The service's complaint resolution procedures shall emphasize resolution of complaints and problems within a specified period of time.

(p) Policy for delineating methods of maintaining medical communications during power outages and in disaster situations.

#### **R426-10-1900. Medical Transport Plans.**

(1) To ensure proper patient care and the effective coordination of statewide emergency medical and trauma services, all air ambulance services shall have an integrated medical transport plan for each air ambulance license by the Department that describes the following:

(a) Base location.

(b) Hours of operation.

(c) Emergency dispatch and non-emergency or business contact information.

(d) Description of primary and secondary service areas.

(e) Medical criteria for utilization.

(f) Description of medical capabilities including availability or specialized medical transport equipment.

(g) Communications capabilities including, but not limited to, radio frequencies and talk groups.

(h) Procedures for communicating with the air medical crew.

(i) Mutual aid or back-up procedures when the service is not available.

#### **R426-10-2000. Coordination with Regional and State Disaster Preparedness Plans.**

(1) To ensure coordinated response to local, regional, or statewide disasters, all air ambulance services shall participate in regional and state disaster preparedness planning meetings and scheduled exercises.

#### **R426-10-2100. Medically Related Dispatch Protocols.**

(1) When air ambulance transport is indicated, requests shall be coordinated through the local PSAP as part of an integrated response, whenever possible. The PSAP should coordinate communications among all entities involved in the response.

**R426-10-2200. Ethical Practices and Conduct.**

(1) All services shall have a follow a written code of conduct that demonstrates ethical practices including business, clinical operations, marketing and professional conduct.

(2) Services shall be subject to disciplinary action or may be denied licensure for unethical practices or conduct which includes by shall not be limited to the following:

(a) Misrepresentation of the availability or level of medical or patient related services offered or provided.

(b) Failing to take appropriate action in safeguarding the patient from incompetent or inappropriate health care practices of emergency medical services personnel.

**R426-10-2300. Continuous Quality Improvement (QI) Program.**

(1) Air ambulance services shall establish a quality management team and a program implemented by this team to assess and improve the quality and appropriateness of patient care provided by the air ambulance services.

(2) The quality improvement program shall include:

(a) Development of protocols, standing orders, training, policies and procedures.

(b) Approval of medications and techniques permitted for field use by service personnel in accordance with administrative rules of the Department.

(c) Direct observation, field instruction, in-service training, or other means available to assess the quality of field performance. (d) Participation in local and regional improvement activities.

(3) All services shall have a written policy that outlines a process to identify, document, and analyze sentinel events such as near-misses and crashes, adverse medical events, or potentially adverse events with specific goals to improve patient medical safety and the quality of patient care. Policies shall include the following:

(a) Review of events should address the effectiveness and efficiency of the service, its support systems, as well as that of individuals within the service.

(b) When a sentinel event such as a near miss or crash is identified, a method of information gathering shall be developed. This shall include outcome studies, chart review, case discussion, or other methodologies.

(c) Findings, conclusions, recommendations, and actions shall be made and recorded. Follow-up if necessary, shall be determined, recorded, and performed.

(d) Training and education needs, individual performance evaluations, equipment or resource acquisition, patient medical safety and risk management issues shall be integrated with the continuous quality improvement process.



(4) All services shall have a written policy outlining utilization review process.

**R426-10-2400. Staffing and Medical Personnel.**

(1) At a minimum an air ambulance service shall have the following medical personnel:

(a) Medically qualified Utah licensed or certified individuals appropriate to the scope and mission of the air ambulance service, or providers recognized under an interstate compact of which Utah is a member. Acceptable medical personnel include, but are not limited to physicians, licensed paramedics, registered nurses, registered nurse practitioners, advanced practice nurses, physician assistants, respiratory therapists, or other allied health professionals.

(b) One medical attendant who is a licensed physician assistant, registered nurse, or licensed physician.

**R426-10-2500. Air Ambulance Staffing and Personnel Qualifications.**

(1) Each patient transport by an air ambulance requires a minimum of two(2) medically qualified staff who are licensed ore certified according to Utah or are providers recognized under an interstate compact who provide direct patient care, plus an air ambulance operator or pilot.

(2) The composition of the medical team may be amended for specialty missions upon approval and credentialing by the air ambulance service medical director. The follow applies:

(a) The licensed nurse shall have appropriate specialty certification within two (2) years of hire, and shall have pre-hire experience in the medications and interventions necessary for the service's scope of care. The licensed nurse shall also have three (3) years critical care experience, which is no less than four thousand (4,000) hours experience in an intensive care unit or emergency department.

(b) The licensed paramedic shall have a FP-C or CCP-C within two (2) years of hire in addition to at least four thousand (4,000) hours of advanced life support experience.

(c) The RRT shall have a minimum of four thousand (4,000) hours of emergency department or intensive care unit experience and appropriate specialty certification within two (2) years of hire.

(d) Medical personnel shall have cognitive, affective, and psychomotor abilities sufficient to meet the clinical needs for the type of patient missions served.

(e) A plan to assess and document the competency and proficiency of the personnel who provide medical services.

**R426-10-2600. Air Ambulance Personnel Training Requirements.**

(1) All air ambulance services shall have a documented,

structured educational program that is required for all air ambulance personnel, including the medical director.

(2) These shall at a minimum contain program orientation, initial and recurrent training which adheres to the services scope of care, patient population, mission statement and medical direction. Each medical crew member shall complete and document training in mission specific procedures related to patient care as established by the air ambulance service medical director and such federal, state, or local agencies with authority to regulate air ambulance services. Documentation showing completion of all initial and recurrent training as outlined in this section shall be submitted to the Department with the air ambulance service license renewal.

(3) Clinical experiences shall include but are not limited to experience specific to the mission statement and scope of care of the air ambulance service. Measurable objectives shall be developed and documented for each experience listed below reflecting hands-on experience versus observation only:

(a) Care of patient in the air medical environment including the impact of altitude and other stressors.

(b) Advanced airway management.

(c) Applicable medical device specific training such as automatic implantable cardioverter defibrillator, extracorporeal membrane oxygenation, intra-aortic balloon pump, left ventricular assist device, medication pumps, ventilators, etc.

(d) Cardiology.

(e) Mechanical ventilation and respiratory physiology for adult, pediatric, and neonatal patient as it relates to the mission statement and scope of care of the medical transport specific to the equipment.

(f) High risk obstetric emergencies.

(g) Basic care for pediatrics, neonatal and obstetrics.

(h) Emergency or critical care for all patient populations to include special needs population.

(i) Hazardous materials recognition and response.

(j) Management of disaster and mass casualty events.

(k) Infection control and prevention.

(l) Ethical and legal issues.

#### **R426-10-2700. Medical Staff Patient Safety Welfare.**

(1) Medical personnel scheduling and individual work schedules shall demonstrate strategies to minimize duty-time fatigue, length or shift, number or shifts per week, and day-to-night rotation.

(2) On-site scheduled shifts for a period to exceed twenty-four (24) hours are not acceptable under most circumstances. The following criteria shall be met for shifts scheduled more than twelve (12) hours: (a) Medical personnel are not required to

routinely perform any duties beyond those associated with the transport services.

(b) The physical base of operations includes an appropriate place for uninterrupted rest.

(c) Medical personnel shall have the right to call "time out" and be granted a reasonable rest period if the team member, or fellow team member, determines that he or she is unfit or unsafe to continue duty, no matter the shift length. There shall be no adverse personnel action or undue pressure to continue in this circumstance.

(d) Management shall monitor transport volumes and personnel's use of a "time out" policy.

(e) The program shall utilize a fatigue risk management tool that is widely recognized in the industry.

(3) Shifts extended over several days may be scheduled to address long commutes at programs with low call volumes. The program shall clearly demonstrate and document that it meets the criteria listed above for shifts over twelve (12) hours. In addition, the following criteria shall be met:

(a) A program's base averages less than one (1) transport per day.

(b) Provides at least ten (10) hours of rest in each twenty-four (24) hour period.

(c) Location of the base or program is remote and one-way commutes are more than two (2) hours.

(d) Shall utilize a fatigue risk management tool that is recognized in the industry.

(4) Scheduling of on-call shifts shall be evaluated to address fatigue in a written policy based on monitoring of duty times by managers, quality management tracking, and fatigue risk management.

(5) The air ambulance service shall establish safety and infection control protocol that complies with the Occupational Safety and Health Administration (OSHA) standards.

(6) The air ambulance service shall have an appropriate dress code that addresses mission specific hazards as well as jewelry, hair, and other personal items of medical personnel that may interfere with patient care.

**R426-10-2800. Air Ambulance Service Medical Director Qualifications.**

(1) An air ambulance service medical director who oversees the practice of the emergency medical series during patient transport for a Utah licensed service shall be familiar with Utah state medical standards practice, and licensing requirements. Therefore, a medical director shall be a Utah licensed physician in good standing to supervise the medical care provided in an air medical environment. (2) The medical director shall also:

(a) Be board certified or board-eligible in EMS, emergency medicine, or other appropriate critical care specialty that services the patient population involved.

(b) Have experience in the care of patients consistent with the licensing and mission profile of the air ambulance service.

(c) Designate other medical physician specialists for direction outside of the medical director's area of practice as appropriate to the service's license.

(d) Have access to medical specialists for consultation regarding patients whose illness or care needs are outside of the medical director's area of practice.

(e) Have a current Drug Enforcement Agency's registration.

(f) Have current credentials achieved through active participation in patient care and continuing medical education activities appropriate for the role of an air ambulance service medical director.

(3) The air ambulance service medical director shall have familiarity in the following areas:

(a) Care of patients in the air medical environment, including the impact of altitude and other patient stressors, in-flight assessment and care, monitoring capabilities, and limitations of the flight environment.

(b) Hazardous materials recognition and response.

(c) Management of disaster and mass casualty events.

(d) Infection control and prevention.

(e) Advanced resuscitation and care of adult, pediatric, and neonatal patients with both traumatic and non-traumatic diagnosis.

(f) Quality improvement theories and applications.

(g) Principles of adult learning.

(h) Capabilities and limitations of care in air ambulance.

(i) Applicable federal, state, and local law, rules and protocols related to air medical services and state trauma rule guidelines.

(j) Air medical dispatch and communications.

(k) Ethical and legal issues related to air medical transport.

(4) The air ambulance service medical director roles and responsibilities shall include:

(a) Oversight of medical care provided by the air ambulance service.

(b) Ensure competency and currency of all medical personnel.

(c) Active engagement in the evaluation credentialing, initial training, and continuing education of all personnel who provide patient care.

(d) Develop and approve written patient care guidelines, policies and protocols, including, but not limited to, those addressing the adverse impact of altitude on patient physiology and stressors of transport.

(e) Active engagement in quality management, utilization review, and safety reviews.

**R426-10-2900. Patient Compartment General Standards.**

(1) An applicant or licensed air ambulance service shall ensure that an air ambulance has the following:

(a) A climate control system to prevent temperature variations that would adversely affect patient care.

(b) The air ambulance shall have an adequate interior lighting system so that patient care can be given and the patient's status monitored.

(c) For each place where a patient may be positioned, at least one electrical power outlet or other power source that is capable of operating all electrically powered medical equipment without compromising the operation of any electrical air ambulance equipment.

(d) A back-up source of electrical power or batteries capable of operating all electrically powered life-support equipment for at least one (1) hour.

(e) An appropriate power source which is sufficient to meet the requirements of the complete specialized equipment package without compromising the operation of any electrical air ambulance equipment.

(f) An entry that allows for patient loading and unloading without excessive maneuvering and without compromising the operation of monitoring systems, intravenous lines, or manual or mechanical ventilation.

(g) If an isolette is used during patient transport, the operator shall ensure that the isolette is able to be opened from its secured in-flight position in order to provide full access to the patient.

(h) Adequate access and necessary space to maintain the patient's airway and to provide adequate ventilatory support by an attendant from the secured, seat-belted position within the air ambulance.

(i) A configuration that allows for rapid exit of personnel and patients, without obstruction from stretchers and medical equipment.

(k) An interior of the air ambulance that is sanitary and in good working order at all times.

(j) Provision for medications that maintains temperatures within manufacturer recommendations. Glass container shall not be used unless required by medication specifications and be properly vented.

(l) Secure positioning of cardiac monitors, defibrillators, and external pacers so that the displays are visible to medical personnel.

(2) Each air ambulance operator shall ensure that all medical

equipment is appropriate to the air medical service's scope and mission and maintained in working order according to the manufacturer's recommendations.

(3) Each air ambulance shall have all Department required equipment. For the complete list of Department required equipment, see the Department's website.